## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

1076.40198200

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10					RATE	FEE		RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/o minus 20=		• 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =					X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL		OR	TOTAL	110
CLAIMS AS AMENDED - PAR' (Column 1) (Column						(Column 3)		SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		J	+135=		OR	+270=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	)_	ADDIT. FEE		4	7,501	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU! PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	4	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	IULTIPLE DEP	ENDEN	II CLAIM		Ł	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL	
		(Column 1)			umn 2)	(Column 3	3)_					
NTC		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	SHEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent		Minus	***		=		X40=		OF	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				NT CLAIN	1	ل	+135=		OF		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
Ι.	"If the "Highest Ni	umber Previously	raio rof IN IHI Paid For (Total o	r Indene	c is iess tr ndant) is th	iai 3, eriler 3. 1e highest num	ber f	ound in the at	opropriate b	ox in c	column 1.	